

April 12, 2012

Ms. Marlene H. Dortch
Secretary
Federal Communications Commission
445 12th Street SW
Washington, DC 20554

Re: Notice of *Ex Parte* Communication, WC Docket No. 02-60

Dear Ms. Dortch:

On March 23, 2012, Linda Werlein, CEO, Hill Country Community Mental Health and Developmental Disabilities Centers in Texas (“Hill Country”) and President, National Association for Rural Mental Health (NARMH), and Karl Carpenter, Information Services Director, Hill Country, spoke via telephone with Linda Oliver of the Wireline Competition Bureau. The purpose of the call was to discuss the broadband needs of rural mental health care providers in response to the Commission's July 15, 2010 Notice of Proposed Rulemaking in the above-referenced docket.

Ms. Werlein and Mr. Carpenter first discussed the broadband needs of their own organization, Hill Country. They said that their organization served 513,000 people in rural and frontier areas in 19 counties. About 60 percent of their revenues are from Medicaid, and only about five percent of the total revenues are from Medicare. Most of their community mental health centers have T-1 connections, which are dedicated and are connected to the Hill Country administrative offices and data centers. In some locations, only DSL or cable modem service is available. Mr. Carpenter observed that dedicated facilities are better and more practical, and that they can run different content all the time. Running a videoconference over the public internet can be challenging, he added. Signal problems can be especially problematic for mental health telemedicine applications, as many patients can react negatively to picture degradation or loss during a mental health treatment session.

Hill Country's T-1 connections are purchased at discounted rates under a state-wide contract, pursuant to a Texas law that requires carriers to provide such connections at reduced rates to health care providers. Hill Country makes use of videoconferencing to provide telemedicine frequently, especially when a clinic is short on doctors. The T-1s allow them to run between two and three video telemedicine sessions at a time. With four simultaneous video conferences, there is no room left to transmit data. The audio and video are synchronized so as to minimize disruptions.

Telemental health services have provided great benefits for Hill Country. In one clinic, there is currently no physician for a few months, and in others, the physicians might only be part-time. Telemedicine thus allows patients to be cared for without having to drive great distances. Ms. Werlein added that being able to see a patient's face is crucial, even for a caseworker, because it can provide a lot of important information that voice alone cannot, such as a patient's level of anxiety. Other important uses for video connections are professional consultations and training. By having training done via videoconference, the cost and time of travel for a group of professionals is saved. Ms. Werlein said that telemental health services are generally reimbursable in Texas if a licensed practitioner is on one end, but that there is no reimbursement in Texas for caseworker services provided over video.

Ms. Werlein said that broadband needs might vary depending on the size and nature of the professional staff at a particular rural mental health clinic. The largest might have 10-12 licensed practitioners, and still could get by with a T-1. The smallest clinics might have a part-time or itinerant physician, and one licensed person, such as a nurse or a social worker. Mr. Carpenter said that having a connection greater

than a T-1 would allow him to run more videoconferences at a time, and would be nice to have if available for free. At this point, he noted that electronic health records do not require a significant amount of bandwidth, because they are currently just exchanged within the local area network of Hill Country. He wasn't sure whether participating in a Health Information Exchange would increase the bandwidth needed to exchange records, as much of that exchange could happen at night.

In her role as president of the National Association for Rural Mental Health, Ms. Werlein also discussed the challenges faced by the association's members. She said that the members have varying levels of broadband connectivity, and that broadband is harder to obtain as one goes further west. She said that each state has different regulations governing telemedicine, regarding Medicaid reimbursement, how telemedicine can be provided, and so on. She said that telemedicine equipment (such as cameras and video screens) is getting cheaper all the time, and that it is the broadband connection that is expensive. Ms. Werlein said that the NARMH did not have good data on the number of community mental health centers in the country. In most states, there is also a state-specific organization of community mental health providers. She said that neither she nor her members had a great awareness of the FCC's rural health care program, but that she would welcome outreach to her membership to educate them on its availability.

Respectfully submitted,

 /s/
Linda Oliver
Attorney Advisor
Telecommunications Access Policy Division
Wireline Competition Bureau